



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CUSTOMER NO. 22927**

**Applicants:** Walker et al.  
**Application No.:** 09/316,546  
**Filed:** May 21, 1999  
**Title:** METHOD AND APPARATUS FOR PROCESSING  
CREDIT CARD TRANSACTIONS  
**Attorney Docket No.:** 99-012  
**Group Art Unit:** 3624  
**Examiner:** KARMIS, Stefanos  
(571) 272-6744 /voice  
(703) 872-9306 /fax

### RESPONSE

**to the Final Office Action mailed June 2, 2005 (Paper No. 05232005)**

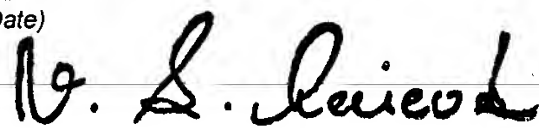
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed June 2, 2005 (Paper No. 05232005), please consider the following remarks.

This document is filed by Applicants' representative on behalf of the present Applicants for patent. Accordingly, references in this document to "we," "us," "our," and the like will be understood as indicating the present Applicants.

AC/ 362404

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): JAY S. WALKER et al.				99-012	
Application No. 09/316,546	Filing Date May 21, 1999	Examiner KARMIS, STEFANOS	Customer No. 22927	Group Art Unit 3624	Confirmation No. 7943
Inventor(s): <b>METHOD AND APPARATUS FOR PROCESSING CREDIT CARD TRANSACTIONS</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58 -	58 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0271					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
Michael D. Downs Attorney for Applicants PTO Registration No. 50,252 Walker Digital, LLC 203.461.7292/phone 203.461.7300/fax  Mdowns@walkerdigital.com			Dated: June 22, 2005		
cc:			<div>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on June 22, 2005 (Date) <div style="text-align: center;"> Signature of Person Mailing Correspondence Veronika S. Leliever Typed or Printed Name of Person Mailing Correspondence</div></div>		